

This is a repository copy of *Catching the low-hanging fruit in medicines optimisation*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/77806/>

Version: Submitted Version

Conference or Workshop Item:

Faria, Rita orcid.org/0000-0003-3410-1435 and Sculpher, Mark orcid.org/0000-0003-3746-9913 (2013) Catching the low-hanging fruit in medicines optimisation. In: ISPOR 16th Annual European Conference, 04-06 Nov 2013.

<https://doi.org/10.1016/j.jval.2013.08.797>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Catching the low-hanging fruit in medicines optimisation

Rita Faria, Mark Sculpher, Centre for Health Economics, University of York, UK

Medicines optimisation

1. Patient experience

- Shared decision-making
- Supporting patients
- Adherence to medicines

2. Safety

- Safe and secure use of medicines
- Avoid adverse drug events
- Avoid adverse drug reactions

3. Effectiveness and cost-effectiveness

- Evidence based-practice
- Decisions transparent and robust
- Decisions in accordance with the NHS Constitution
- Discontinuation of medicines no longer required or deemed not cost-effective

4. Integrate medicines optimisation in routine practice

How to best to achieve medicines optimisation?

Guidelines

appropriate prescribing

correct administration

Record keeping

Monitoring

Generics

correct prescribing

reconciliation & discharge

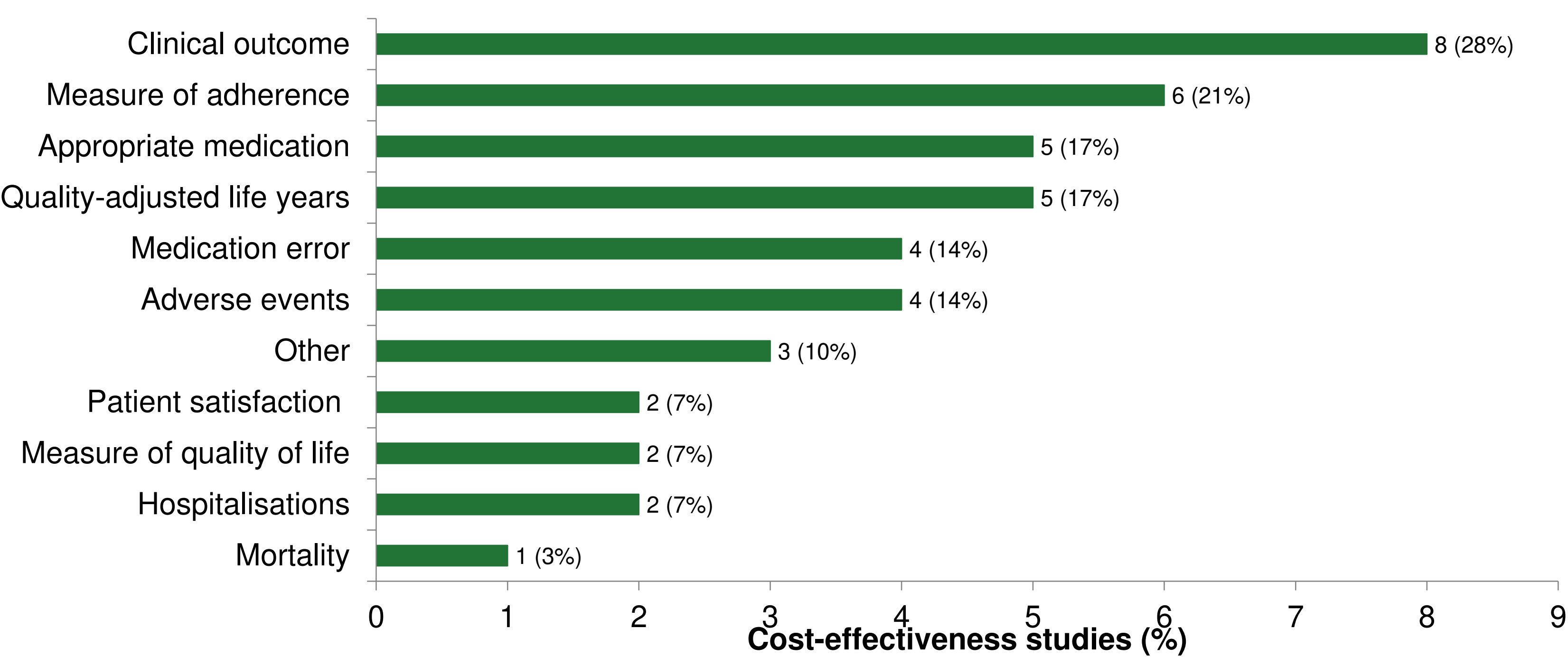
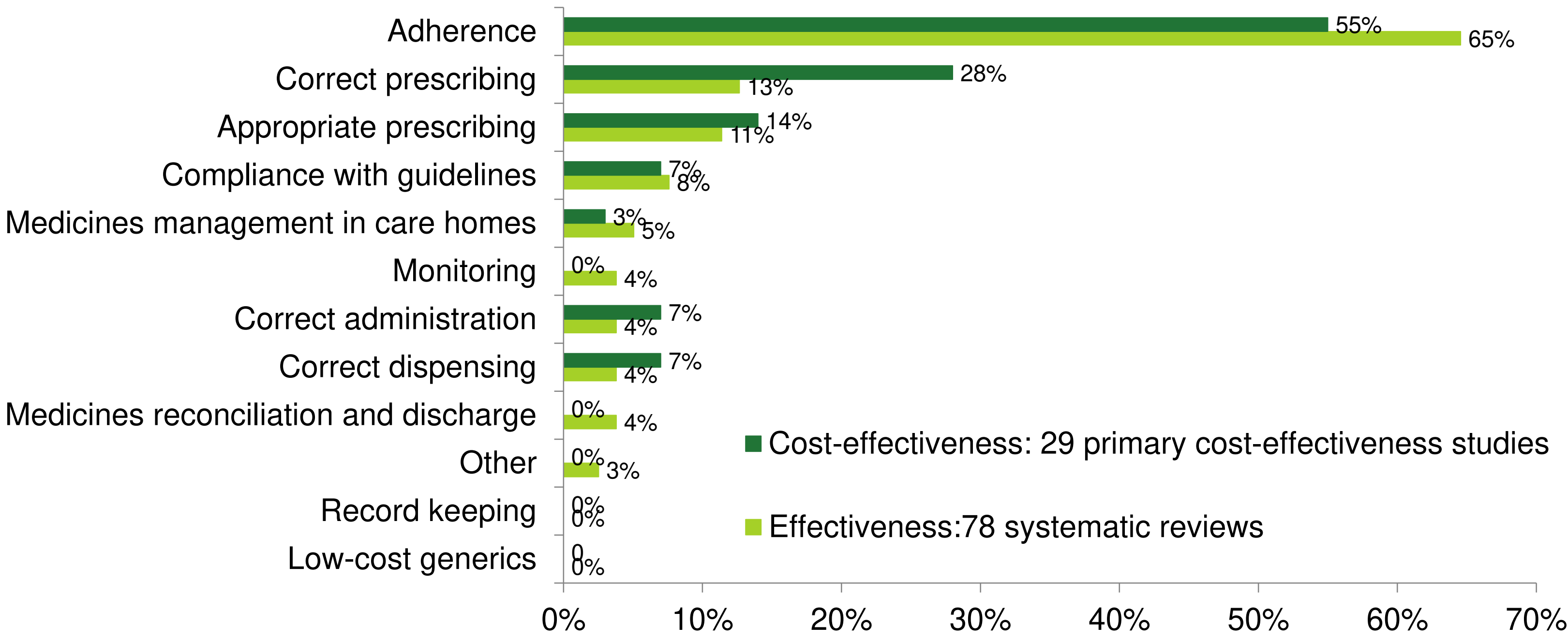
correct dispensing

adherence

Better health outcomes

Savings ~ \$500 million/year

Evidence on effectiveness and cost-effectiveness of interventions



Conclusions

- Research has evaluated interventions on one particular stage of the medicines pathway
- Process outcomes are often used rather than end outcomes (health outcomes, costs)
- Remains unclear:
 - Which aspect of suboptimal use of medicines is a key driver of costs and health loss
 - Which stage of the medicines pathway is more likely to benefit from intervention

Directions for future research

- Decision analytic modelling of the full medicines pathway
 - To evaluate which aspects of suboptimal medicines use have the most impact
 - To indicate where an intervention could provide the greatest benefits
 - To estimate the how much to invest in improving the pathway